

CLAIMS ONLY						Application Number <i>10659376</i>	Filing Date
						Applicant(s)	
* May be used for additional claims or amendments							
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		
	Indep	Depend	Indep	Depend	Indep	Depend	
1	/					51	
2	/					52	
3	/					53	
4	/					54	
5	/					55	
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7	/					57	
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44						94	
45						95	
46						96	
47						97	
48						98	
49						99	
50						100	
Total Indep							
Total Depend							
Total Claims							